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Mothering, disability and care: beyond the prison wall

Abstract

Research with prisoner's families, especially those who have a 'disabled' son or daughter as a result of learning difficulties or disabilities, an autistic spectrum condition or mental health problems, has in the past been side-lined. As evidenced in this chapter, mothering a 'child' who is incarcerated is undeniably challenging. It could be that the events leading up to imprisonment occurred because of an unexpected violent act, a 'one off' serious crime, or a lifetime (to that point) of aggression, drug use or anti-social behaviour. Whatever the reasons for a custodial sentence, caring for and about a son or daughter, before offending and then during imprisonment is painful – emotionally and practically. Life stories reveal mothers experience emotional and physical harm and systemic abuse, as well as display unconditional love and care work. Mothers of offenders have experienced a life that is unimaginably demanding and conveys accounts of failure. Not *their* failure, but that of the systems (and sometimes people) around them. Through the lens of a care ethics model of disability, I identify care-less and care-full spaces to explore how participants recall physical and emotional violent abuse, resulting in the collapse of their mental well-being as well as their resilience to these events.

Key words

Autism, Care Ethics, Learning Difficulties/Disabilities, Prisoner's families, Mental Health, Extended Mothering, Adult to Parent Violence, School-to-Prison Pipeline

Introduction

Family law has changed at a pace in recent years as shifts toward family responsibility, autonomy and agency have gripped the social and political landscape, whereas dependency, particularly on the state, is stigmatised and abhorred (see this volume and Herring, 2016, Wallbank and Herring 2014) and vulnerable others are repeatedly positioned as victims (Diduck 2014). Moreover, those who are deemed vulnerable are often considered to lack

capacity, and therefore responsibility, and according to Alison Diduck (2014: 98), ‘It is as though the vulnerable (family law) subject embodies a different subjectivity from the autonomous subject’. In the context of this chapter, and as with a number of chapters in this volume, discourse around vulnerability, autonomy and responsibility is pertinent, because as evidence below, a mother whose ‘disabled’ adult child is incarcerated straddles these, and yet her experiences of the criminal justice system (CJS) within socio-legal and prisons research has largely been dismissed (Rogers 2019b, Talbot et al 2015, Tidball 2017).

I urge therefore, a spotlight focusses on this socio-legal matter, because as Rachel Condry and her colleagues (2016: 625) have found, ‘punishment extends beyond prison walls and reaches into every facet of these families’ lives’, not least because they are ‘subject to a range of exclusionary and stigmatizing practices’. Whilst Jenny Talbot and her colleagues (2015: 4) highlight that families who have a relative in the CJS, particularly those who have additional disabling conditions, need ‘timely and meaningful support’, and that for the person incarcerated, the family might be the only consistent and stable person in their life. Perhaps this is unsurprising. Yet if the person incarcerated is disabled due to an autistic spectrum condition, attention deficit, mental ill-health and/or learning difficulties/disabilities¹, the family member/carer is likely to have had an even greater presence in that person’s life, and potentially suffer further emotionally and physically as a result of their continuous and extended care labour.

¹ I use disability/difficulty (LD) throughout, and although I understand there is a spectrum of learning associated with different conditions, e.g. attention deficit hyperactivity, autism, dyslexia, LD is used despite it not being a homogeneous group. Mothers in my research experience the difficulties that come with dealing with their child’s impairment (physical) *and* their child’s disabling condition (social).

In this chapter, life-story experiences open a window into understanding more about mothers, disability, criminal justice and the micro-politics of society. Important because co-existing learning difficulties/disabilities, mental health problems, family struggles and criminal justice cannot be fully understood without contemplating history, biography and social structure; that is individual/family personal troubles and the public issues of society (Mills 1959, Rogers 2020). For example, breaking the law and feeling stigmatised is a personal trouble. Experiencing violent attacks from a son and then caring about him while he is incarcerated is a personal trouble. Yet, crime, violence and mental capacity are public issues, as the law is rooted in legal and moral mores of the social structure at any given time (Herring 2013, 2016, Series 2015, Tidball, 2017).

How the CJS processes a criminal act, what punishment is recommended for that crime, and how others perceive and treat the lawbreaker is significant, because the,

well-dressed businessman with his rights of autonomy; freedom of contract; and presumption of innocence can be well advised by our law graduates. The exhausted mother of the disabled child, with little autonomy, freedom or innocence, cannot. She is an anomaly, outside the norm. Not even, perhaps, of particular interest to lawyers.

After all she will not be able to pay any fees (Herring, 2013: 1).

In short, in contrast to other disadvantaged people, offenders with LD have received less scholarly attention than their risk of criminalisation merits (Gormley 2017, Rogers 2019, Talbot 2008) and experiences of families who have a son or daughter who have been through the CJS are underrepresented within social research (Codd 2008, Comfort 2008, McCarthy and Adams 2019, Peay, 2016). To address these issues, and building upon my previous research (e.g. Rogers 2007, 2016), I have carried out a qualitative study with adults who have disabling conditions and have been through the CJS, mothers of sons who have been incarcerated and

identified with additional LD and/or mental health needs, and education/criminal justice professionals (e.g., Rogers 2018, 2019).

Below, I contextualise research on the family, crime and disability and a feminist ethics of care, including a care ethics model of disability (Rogers 2016). These work to form an analytical and discursive foundation for the chapter. I then go on to describe the methods used, including ‘pen pictures’² of the five mothers whose narratives I draw upon. Further to this, I explore life-story data via the theme *physical and emotional abuse: beyond the prison wall*, as my mother participants spoke candidly about their undeniable physical and emotional pain.

Families, disability and the criminal justice system: considering care ethics

A number of scholars have written about the impact of criminality and the incarceration of a family member (e.g. Codd 2008, Comfort 2008, Condry 2007, Condry and Miles 2014, 2016, Holt 2013, Jardine 2018, McCarthy and Adams 2019). For example, Cara Jardine (2018: 129) suggests, ‘it is inevitable that the family lives, resources and relationships of those closest to him or her will also be restricted, unbalanced and curtailed’. She goes on to say, ignoring these family’s risks ‘limiting our understanding of not only the full effects of this form of punishment, but also the implications for justice and fairness’ (ibid). Furthermore, Helen Codd (2008: 18), argues ‘[f]amily blaming is a persistent and powerful undercurrent in relation to the experiences of prisoners’ families’, and according to Megan Comfort (2008), some mothers experience levels of ‘secondary prisonization’ when a family member is incarcerated.

Considering disability and criminality, the ‘deviant mind’ has been interrogated for over a century (White 2015, Wootton, 1959), yet there has been a rise in research that focuses on the

² A written description that gives background narrative to the participants involved.

social aspects of intellectual impairment (Segrave et al. 2017), and specifically on crime and punishment (Frauley 2016, Parsons and Sherwood 2016, Talbot 2008). For example, Sarah Parsons and Gina Sherwood (2016: 568) discuss the vulnerability of those with LD in custody and found the challenges of detention ‘included the embedded, ossified nature of existing communication practices, the ‘ticking clock’ of custody, as well as the volatile environment within which communication takes place’, while Jenny Talbot and her colleagues at the Prison Reform Trust (2008: 75) observed that in prison

although most understand why they are there, the process by which they arrived frequently remains a mystery. Typically, their situation in prison goes from bad to worse. Their inability to read and write very well, or at all and poor verbal comprehension skills relegates them to a shadowy world of not quite knowing what is going on around them or what is expected of them.

This has a dramatic impact upon prison experiences (for offenders and their families), education and release, as according to one offender, being incarcerated ‘gave his family some respite’ (Talbot 2008), which is significant in the context of the families discussed in this chapter.

Reflecting upon these observations around criminality, disability and the family theoretically, a feminist ethics of care critiques established ways of thinking about care, ethics, justice, morality, security and vulnerability (Held 2006, Mackenzie et al. 2014, Tronto 1993, Robinson, 2011) and a care ethics model of disability interrogates caring, just, political and relational implications for disabled people and their families (Rogers 2016). Significantly, for the mothers narrated in this chapter, a feminist care ethics prioritises relationality, as Held (2006: 10) asserts, ‘[M]oralities built on the image of the independent, autonomous, rational individual largely overlook the reality of human dependence and the morality for which it calls’.

Moreover, an ‘ethics of care that is political and critical must be grounded in the concrete activities of real people in the context of social relations’ (Mahon and Robinson, 2011: 2). (see also Bridgeman, Clough, and Lindsey, this volume).

Notably social relations have been influential in my research and as a result I developed a *care ethics* model of disability, as whilst the social model of disability (e.g. Oliver 1990, Oliver and Barnes 2012) has had a transformative impact upon experiences for disabled people, it is not wholly satisfactory when it comes to understanding interdependency and caring work (Rogers 2016). I therefore propose three spheres of caring: the *Emotional Caring Sphere*, where love and care are psycho-socially experienced; the *Practical Caring Sphere*, where day-to-day care is carried out, and the *Socio-political Caring Sphere*, where social intolerance and aversion to difficult differences are played out (Rogers 2016). It is within these spheres of caring we find people inhabit care-less and care-full spaces (and perhaps something in-between), as identified in the mother’s narratives below. Specifically, a care ethics model of disability is about trust and webs of relationships, and the focus therefore is on both the receiver *and* the giver of care within an interdependent relationship (Rogers 2016).

Understanding interdependence and caring therefore is pertinent when discussing the narratives below, as a mother who has a ‘disabled’ son who has committed acts of violence, sexual assault/harassment, arson, drug handling/dealing or theft, can experience exclusion and discrimination, directly and vicariously (Comfort 2008, Talbot et al. 2015) via these caring spheres – emotionally (mental health), practically (daily care for and about), and socio-politically (external responses). As a result, prisoner’s families, are cumulatively deprived of support (Condry et al. 2016). Indeed the Prison Reform Trust and POPS (partners of prisoners)

found that for those caught up in the CJS, desistance from crime ‘can be a long, difficult and complex process, and that strong family relationships can help to reduce the likelihood of reoffending’ (Talbot et al. 2015 :3). Moreover, Caitlin Gormley (2017: 66) states for these groups of offenders, ‘imprisonment creates new forms of disablism, [as] systematic marginalisation, routinised forms of oppression and exclusion places them at higher risk of being manipulated, victimised, and disadvantaged throughout the social fabric of prison’; more so than their non-disabled peers.

In addressing therefore care ethics and socio-legal structures, if we shift how we comprehend autonomy, as people are interdependent and ‘vulnerability’ is considered part of the human condition (Gilson 2014, Mackenzie et al. 2014), perhaps we can contemplate changes in the way we understand families, (particularly mothers in this case), offending, caring and disability throughout the life-course. A care ethics model of disability in identifying care-less and care-full spaces, via the emotional, practical and socio-political caring spheres offers a framework enabling this interrogation. Principally since there is a need to challenge the troubling micro and macro bureaucratic processes across institutions and systems such as education, health, social work and criminal justice to support disabled offenders and their families.

Research process

The project this chapter draws upon is funded by The Leverhulme Trust. The purpose of the research was to explore the life-story experiences of people with LD who have been through the CJS, explore the life-story experiences of mothers who have a family member with LD and/or mental health conditions and has been through the CJS, and examine how this particular group make sense of and manage prison culture, routines, rules, and practices during

incarceration, or on release. To understand this, I carried out 43 life-story interviews, predominantly during 2016 and 2017 with 15 offenders who were diagnosed with a LD/autism spectrum (AS) and/or mental health problems, five mothers with sons who fit the LD/AS category and 10 professionals who are/or who have worked in LD/AS forensic/education settings. The narratives in this chapter are drawn from the mother's life-stories. Of these five participants, four contacted me due to a call on social media, and one was recruited via a recommendation from an offender participant.

As part of the life-story method, I invited all mother and offender participants to take photographs between interviews. I chose photographs as a medium because for some, articulating feelings is not easy (Booth and Booth, 2003).³ I am unable to go into detail here, but have written about photo-elicitation elsewhere (Rogers in press). I gained university ethical approval to carry out the research and all participants had the capacity to consent. All names referred to in this chapter are anonymised and pseudonyms used (BSA 2017, Rogers and Ludhra 2012).

Data analysis

Over a period of a year, I amassed qualitative data that included fieldnotes (handwritten, voice recorded and typed), voice recorded life-story interviews, letters to and from prison, and photographs. I write in more detail about my data gathering elsewhere, and especially life-stories and fieldnotes as they

³ Notably, visual and creative methods 'offer one way of enabling research participants to increase self-confidence in sharing emotions and experiences with others' (Fitzgibbon et al. 2017: 307).

expose a range of emotional and practical responses to a chaotic data collection process, and more often a moment in time, a moment that perhaps is continuous and bound up with the micro-politics of a domestic environment and embedded in the sociopolitical sphere of the criminal justice system (Rogers, 2018:4).

Evidently data collection and analysis are interwoven and identify a feminist and reflexive process that is often wrought with ‘ethical dilemmas and personal costs, where moral judgements are conceivably suspended, and blurred boundaries might occur’ (ibid). The narratives and relationality between participant and researcher below are of no exception. All interviews were transcribed verbatim and analysed thematically. I coded the data myself, identifying several broad themes that include, ‘a school to prison pipeline’, ‘self-harm and mental health’, ‘sex-offending’, ‘relationships and family life’ and ‘violence and abuse’. This chapter is constructed around five mother’s narratives on just one theme: physical and emotional abuse. Here I introduce the mothers.

Elaine, Sorcha, Tara-Beth, Trudy and Udele

This chapter draws upon life-story interviews with five mothers, four of whom had follow-up interviews, all living in England, UK. A total of 10 interviews (Elaine was interviewed three times), all lasting between one and a half to two and a half hours each were carried out. The prisoner’s mother’s pen pictures are as follows:

Elaine is 55, a single working-class woman and lives in the North East. She has one child, Harry, who is 22 and had a statement of special educational needs (SEN) since the age of nine and spent his education in a school for children considered to have social, emotional and behavioural difficulties. Despite attending a SEN school, he was excluded for a year and spent

time in a behavioural support unit. He was diagnosed with attention deficit hyperactivity (ADH) at school, and when in prison with borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD). Harry, in his late teens, was charged with a sex offence (he had sex with a 15-year-old girl) and criminal damage (setting fire to a building) and subsequently received two custodial sentences each for three years to run concurrently. Harry was occasionally aggressive at home.

Elaine was abused by her father and Harry's father. I interviewed her three times in her own home (I also interviewed Harry once). When I carried out our second interview, she had taken photographs for discussion. At that point, Harry had been recalled to prison. He was then released, but within months was re-arrested. When I returned for the third interview, Harry was on remand awaiting a court hearing for breaking a restraining order, burglary and criminal damage. A few days before Christmas (2017) and days after I had carried out this third interview, I received an email from Elaine informing me Harry had been sentenced to 6 years in prison. Further to this in December 2019 I received contact again letting me know that Harry is now seeing out his sentence. Elaine and I remain in sporadic contact.

Sorcha is 47, a single (separated) working-class woman who lives in the South West. She left school at 16 and has two children. I interviewed Sorcha once in a comfortable hotel reception. Her son is 22 and had a statement of SEN from the age of nine. He spent most of his education in mainstream schools, although he had many exclusions based on violent behaviour. He spent a year in a behaviour support unit and was diagnosed with ADH, non-verbal learning disability and dyspraxia and dyslexia at the age of 13. He was charged with grooming 13-15-year-old girls at the age of 20 and was subsequently sentenced to three years in prison. He lived with

Sorcha and his sister prior to his incarceration. Once he was released after 18 months, the family wanted him home, however this proved impossible due to his charge and being on the sex offenders register, as his sister was under 18. He had to live 'in the community'. This was a challenge and he was re-called back to prison after 're-offending' while on licence. Sorcha did not want to have a further interview. I have since received a positive email (January 2018), telling me that her son has returned from prison and, in her words 'is living in the community and is managing well'.

Tara-Beth is 52, a single (divorced) working-class woman and lives in the West Midlands. She grew up with her adoptive parents in a supportive environment, left school at 16 and is currently a support worker in her local community. She has three sons. I interviewed Tara-Beth twice in her own home. Mark, her middle son, is 25 and did not have a statement of SEN, but was considered a 'loner', did not make friends easily and regularly truanted. He attended mainstream schools and has been through the CJS, and while awaiting charge attempted to take his own life and continued to resist arrest. Mark was eventually charged with car theft and dangerous driving and sentenced to 30 months in custody. He served 15 months. This was after he crashed a stolen car and spent time in hospital in a critical condition. In prison he was regarded as 'vulnerable' due to his attempt to take his own life but did not want to be singled out in this way. He has in the main lived with his Mum, with a short period spent with his biological father. Tara-Beth participated in taking photographs, as well as giving me a significant number of prison letters to and from Mark (that I copied and returned). We have since been in touch (2017 and late 2018). I also interviewed Mark twice, in his office, where he was working with ex-offenders at the time. He returned to live Tara-Beth by 2019 and stopped working with ex-offenders, as it proved to be a challenge. He does however have other employment. Tara-Beth and I have sporadic contact.

Trudy is 63, a single (widow) middle-class woman and lives in the West Midlands. I interviewed Trudy twice. Once in my office, and once in a motorway service station cafe. Her son, 36, attended mainstream schools and was a regular truant, but did not have a statement of SEN. Although he displayed some aggressive behaviour, he became increasingly violent, withdrawn and paranoid as he entered his 20s. Trudy's son was detained under the Mental Health Act (Legislation.gov.co.uk, 2018) for a short period in his late 20s. Trudy experienced violent attacks at the hands of her son. She had been to the GP to log bruises but did not press charges until she was attacked in 2013 where witnesses were involved, and her son was arrested and charged. He spent almost 8 months on remand and was subsequently sentenced under section 37/41 when he went to hospital (secure services) (Legislation.gov.co.uk, 2018). Remaining in secure services, her son was moved in 2017. Trudy's son has been assessed as having Asperger's syndrome, psychosis and paranoid schizophrenia. Trudy participated in taking photographs for our second interview. In an email (autumn 2019) Trudy sent me an update. She told me, 'I was never offered counselling for my PTSD and had to refer myself in the end' and went on to say, (in secure services), 'my son is doing really well and is happy at his progress which is the main thing'.

Udele, 51, lives with her partner and is a working-class woman. She lives in the West Midlands. She left school at 16 and is the only mother to say she struggles to read and write. Udele has two daughters and a son. I interviewed Udele twice. Once in her own home, and once at her friend's office. Her son Sam is 24 and attended mainstream primary school. After that he attended schools for children with social, emotional and behavioural problems. He had a statement of SEN at the age of 11. Also at 11, Sam was admitted into emergency care for 12

weeks due to his violent behaviour. He then returned home. Between the ages of 18 and 21 he was arrested, charged and sentenced twice (both for three years), for street robbery, drug supply and dealing. Sam has been living with Udele and her partner at home sporadically. When I interviewed Udele the first time Sam was living in a hostel, and the second time he had returned home and was awaiting a court hearing. Udele participated in taking photographs. We have since been in touch (December 2017) and Sam had offended again and was awaiting further court hearings for criminal damage and assaults on police officers. Further to this contact I have received, (December 2019), a message from Udele telling me that her ‘head is done in’ and that Sam is ‘likely going back to prison on assault charges’.

Three of the five mothers have experienced forms of violence at the hands of their sons, but only one son was incarcerated as a result of abuse. Significantly, the small numbers of researchers who have carried out qualitative studies with prisoner’s families offer insight into the everyday life that numbers alone cannot share as identified below (see also Codd 2008, Comfort 2008, Condry 2007).

Physical and emotional abuse beyond the prison wall: findings and discussion

Introduction

In this section, via life story narratives, I explore how mothers have negotiated a darker side of life: physical and emotional abuse at the hands of their sons, and their responses to it. Not all mothers with sons who have disabling conditions such as LD and/or mental health problems experience violence, abuse or emotional trauma, but it is an area nevertheless that warrants discussion due to the implications on the family, and in this case the mother, and then how we

reflect upon the socio-legal processes and everyday support needs via caring spheres – care-less and care-full spaces.

Thinking broadly about violence against parents, Rachel Condry and Caroline Miles (2014: 270) on adolescent to parent violence (APV), caution us not to get caught up in the criminalisation and blaming of young people and particular families, but also say it ‘is important to understand family violence in all its forms and how these forms may be interconnected. Family violence is relational and requires a different understanding to individual isolated incidents of violence between strangers’. They also (Miles and Condry 2015, Condry and Miles 2016) highlight that in March 2015, the Serious Crime Act introduced a new criminal offence of ‘coercive or controlling behaviour in an intimate or family relationship’ (Miles and Condry, 2015: 1077). Important, not least because it can be applied to anyone over the age of criminal responsibility (10 years old) and could lead to the ‘prosecution of adolescents who are abusive towards their parents’ (*ibid*). (See also Holt, 2013).

In my study, sons who have been violent towards their mothers are over the age of 18, but due to a LD and/or mental health problems, extended mothering and therefore caring work is apparent, whether he lives at home or elsewhere in the community. Besides, as we have established, there is limited research that engages with the emotional health of mothers with sons who are offenders, particularly those who have additional LD and or mental health problems (Talbot et al. 2015). When it comes to mothering adult children, some consider their ‘job’ is such that they must take care of their son/daughter *whatever the circumstances*, consequences, and however damaging (Bouvard 2013).

There are also distinctive differences between *caring for* and *caring about* their ‘children’ when it comes to the narratives below. Hooyman and Gonyea (1999: 151) notably, make a useful distinction between caring for and caring about, suggesting that ‘caring about implies affection and perhaps a sense of psychological responsibility, whereas caring for encompasses both the performance or supervision of concrete tasks and a sense of psychological responsibility’. This is an important distinction to make in thinking about how to alleviate suffering and manage care emotionally, practically and socio-politically. Furthermore, care-less and care-full spaces exist for both parties involved in the abuse and aftermath, interdependently and relationally, which is why the socio legal context, in this instance health care and criminal justice processes struggles with meaningful outcomes. Below I discuss in some detail experiences relayed to me, by the mothers during our interviews.

Extreme violence, extreme caring: Trudy’s experiences

The ‘job’ of caring and love is evident within Trudy’s story as she vividly describes and reflects upon two episodes of the violence she experienced at the hands of her son. Her narrative gives us a glimpse not only into the physical violence, but also how Trudy acknowledges her son’s autism and then her own maternal role. The first excerpt portrays an incident when she did not press charges, despite the police becoming involved. The second evidences the violence she experienced which led to the arrest and incarceration of her son.

I was at the sink. He was rolling a cigarette ready to go out and I was just thinking ‘I’m making too much noise here, I better just leave this, till after’, and I don’t quite know what happened next as he lashed out because of the noise. I was knocked unconscious, I fell into the kitchen door, and my head was impaled on the glass in the kitchen door, and as my head hit the glass, I became conscious again and the rest of my body

followed, and in a split second I slumped down on the kitchen floor and bruised all my coccyx and laying there on the floor with my head impaled in the glass my son said, ‘and don’t make that noise again’, and got his coat on and went for a walk! And I felt very vulnerable laying there, and I wrenched my head from the glass and there was blood and I dialled 999, there was blood pouring out, there was cuts just above my ears, where that had severed, and eventually an ambulance came and they stitched and stuck my scalp back together, and I had 14 stitches in one place on its own. They kept me in overnight, um, discharged me the following day [...] The police did arrest my son, but again, I wouldn’t press charges, because I was terrified of him ending up in prison. (pause). [...] I wasn’t prepared to risk him going to prison.

Regardless of police involvement, no systematic (legal, health or otherwise), follow-up occurred in response to this violence and Trudy’s unmistakable vulnerable position. Critically, as Trudy said, did not want to press charges, as she assumed this would mean her son going to prison. But this did not mean she was therefore free from fear or indeed safe. Trudy existed within a care-less space, yet her son was arguably within a care-full one as she ‘wasn’t prepared to risk him going to prison’. This concern with asserting the relevance of care to issues of justice is one that has continued in feminist care ethics and political philosophy. It has been articulated in terms of ‘human security’ by Fiona Robinson (2011). Broadly speaking she refers to a “‘freedom from want” and “freedom from fear”” (Robinson 2011: 47).

Fiona Robinson (2011) is dissatisfied with the way human security has been developed broadly within scholarship, as everybody would want to feel secure but very few people understand what it means. In the context of Trudy’s mothering, I asked her, ‘did you live in fear?’ Trudy’s response was twofold, as it included fear from her son, but also fear of him going to prison, as

she said, ‘I was very cautious after that! But that’s an autistic person’s response to emotion; it’s always about them (sic) and I had upset him, by making that noise⁴’. But then said to me about *not* pressing charges, ‘it is the fear of what could happen [...] and not being able to protect him’. Despite Trudy living in fear, I concur with Fiona Robinson (2011: 28) in her approach to an ethics of care, as she makes an ontological shift, ‘one that allows us to see moral subjects as relational and to recognize ethics as fulfilling responsibilities through practices of care’.

The deeper we go into Trudy’s narrative, the more complicated and blurred care-less and care-full spaces become. Not least of all because she cares for and about her son. Yet requires care and safety herself. By focusing on these life-stories, critical changes for local and global care practices can be implemented, by for example, in the first instance, identifying care-full and care-less spaces. Yet we can also recognise how the legal processes respond to safeguarding against distress and suffering (see also Herring 2016), and then ascertain how to realise care-*full* spaces.

Safeguarding (care-fullness) and therefore keeping Trudy free from danger did not adequately happen, as she went on to tell me about a subsequent violent attack.

Every time he hit me it [blood] went over the ceiling, over the tiles in the kitchen, it was across the cupboards, it was puddled on the floor, because it was pouring out. It was everywhere. And then, he hit me again, and looked at his fist, and he shook his head, opened the door and motioned for me to go out and I was thinking ‘don’t let your

⁴ This is Trudy’s personal interpretation of autism and experiences.

legs crumple, you can walk’, and he motioned for me to go outside and he told the police officer after, I was making too much mess, in his kitchen, with my blood, and that’s why he had to get me outside. And so, I went down the stairs, there were imprints of blooded hands down the stairs, [...] I got outside, and he hit me again and I had screamed to alert the neighbours, and they came, and they restrained him [...] I had to survive. In order to protect us both. I had to survive as there were things I needed to do. So, they arrested my son, because the neighbours had called the police, and they took him off to the police station. [...] I just wanted to protect him. As his mother, I just wanted to put my arms around him and say nobody’s going to hurt you.

Trudy’s words evidence violence *and* caring. Glimpses of her biography show us that she inhabits care-less spaces, inside *and* outside the home, but too that her caring for and about, is palpable. We are told that she was on the receiving end of significant physical attacks, but she did not stop caring. It is relational. It also highlights that ‘respect and acceptance of responsibility’ (Herring 2013: 25), as care-fullness within a care ethics model of disability *does not necessarily* compel us to love or be affectionate, but it does commit us to care-full practices and policies.

It seems here, that a mother might love and dislike her ‘child’ at the same time. Trudy sensed danger at times yet felt obliged to care *for* her son, still always caring *about* him. A mother with a disabled child is arguably obliged to care, but the battle between ‘I must do something’ (caring for) and ‘something must be done’ (caring about) is perhaps critical in attempting to understand a complicated relationship (Noddings, 1995: 11). ‘I must’ carries with it obligation’ (Noddings, 1995: 11); *I must* is different to *I want*. It could be suggested that some of Trudy’s motivations, and further participants’ narratives below are driven by ‘I must’ and others by ‘I want’ yet they seem always care-full. Furthermore, relationships can be open to abuse, and are

not without power inequalities. The inequalities here between a mother and her son are complicated.

There are, embroiled in these narratives, legal and social responses to caring relationships, and Jonathan Herring suggests, not all are the same nor reducible to a 'single set of principles' (2013: 26). He suggests that we are all 'ignorant, vulnerable, interdependent individuals, whose strength and reality is not our autonomy, but our relationships with others' (Herring, 2013: 46). However, this is not wholly satisfactory to the extent that the violence described above and below, is also bound up with extended mothering and care-full and care-less spaces that are difficult to unravel, because of this interdependent relationship and lack of external socio-political support.

For Trudy, mothering is beyond demanding. This is due to several factors that include, expectations around mothering and additional practical and emotional care labour, to staying alive and care for herself. Clearly, in her case, Trudy felt the pressure to take care of her adult son, as she said above, 'I had to survive in order to protect us both' and 'I just wanted to put my arms around him and say nobody's going to hurt you'. Evidently, Trudy was not going to stop caring *for* and *about* her son, even after his arrest and incarceration, despite being unable to visit while he was on remand for 8 months because she was the victim. The legal system was a care-less space, as she straddled a complicated mother/victim position. She worked around some of these barriers to 'display' to her son she was there for him - caring. For example, she would meet the police van when going to court, and 'hang around' to wave to him and she would wear the same clothes, so he would notice her. Also, she would send cards from other family members to let him know he was cared about. After all, she told me, 'he

didn't think he had done anything bad', so her caring performativity was even more crucial for her son. Mothering work in this case, is not only extended, it is at times, all consuming, yet deeply care-full, emotionally and practically. A lack of systematic and emotional support, however, can cause mental health decline, and sometimes result in the reliance on anti-depressants and thoughts of death as discussed below.

Emotional trauma: reflections on mental health and maternal resilience

Not all mothering is as extreme and obvious, like Trudy's. Sometimes it can be leaky and unseen. The perpetrator of the abuse might be unaware of his 'crime' or abuse (as in the case of Trudy's son), yet the scars for the mother are deep, emotional and long lasting. Elaine and Sorcha talk about this emotional (and sometimes physical) abuse, where attacks are perhaps less 'visible' than the case of Trudy. Elaine told me Harry

started getting a bit handy with me, [very quiet], you know pushing us around and stuff like that. If I tried to leave he'd freak out. He'd say, 'Mum, if I'm in that bad a state when you're with us, what am I gonna do when you're not there? It just freaks us out you leaving us on us own.

I asked Elaine how she felt about all of this, and she started talking about how she had saved some pills from the GP. What is evident is that she felt so bad, she wanted to end her life. She explained, as stated here, 'There just seems to be no way out, and in me mind I'm thinking yeah, let's just do it, I cannae take it anymore'. Elaine went on to tell me that Harry was convinced he would die in prison, due to his sex offence. 'He's like, oh I'm not going to survive,

I'm gonna get killed, you know'. She was narrating her own maternal desperation, but vicariously that of Harry's too⁵.

Elaine and Harry at that time were living together on their own, waiting for sentencing, (the first time he was arrested and charged). They were on a 'knife edge', as Elaine told me about their 'suicide pact'. However, after Harry was incarcerated, the emotional trauma continued, as described here, 'he stopped us visiting for a while, I only seen him twice. The last time was after he committed, after he tried to commit suicide. So, he self-harmed his arms'. This narrative from Elaine was her reflection on the past, as at the time of our first interview, Harry had been in prison but was then out on licence. Harry did not want his mother to visit, which left Elaine in a care-less space. For all intents and purposes, she was emotionally *and* practically severed from her son. The legal system at the time did not placate her concerns, as he had said he did not want contact. As we continued our research relationship, and I interviewed Elaine again, Harry bounced around the CJS. She told me about further self-harm incidents here as, 'his arms are in a right state. He's taken an overdose while he's been in there, he'd keep back his propranolol. And you can easy find something in there to cut yerself, you just got to sharpen something'.

This all had a continued impact upon her mental health, but the care-full and care-less spaces become interwoven, like with Trudy above, as she both wants her son to be safe and free from harm, as well as wanting that for herself. Prison therefore becomes something other than that

⁵ I am unsurprised by Elaine's response, as I also interviewed Harry, and he shared some incredibly challenging narratives himself. I do not know however, despite living in the same house, and each knowing they had participated in the research, whether they shared any information between themselves.

place to fear, from the perspective of Harry's regime, to her own practical and emotional well-being as Elaine clearly expresses.

It's like this. Right when he's in prison he's got support. It's not the best, but it's constant. You know what I mean? It's rules, it's his routine, somebody else was explaining to us, who has a daughter with problems like that, that often they feel more stable in prison. Because it's a routine, a regime, you know what I mean, it's not as scary as the outside world. And when you come out, it's like going from claustrophobia to agoraphobia. [...] It's the peace of not having to deal with it [Harry] EVERY day [Elaine really emphasised every]. You only have to deal with it in little bits. Because you don't get that much information from the prison, you only get little bits.

This narrative is clear in how being around Harry is a challenge and yet she wants what is best for him and suggests prison. This care-less and relational prison story is problematic not only for Elaine's emotional and practical caring (for and about), but also for the socio-political sphere, where the incarceration of a young man is considered more appealing (for that moment) than living in the community.

Listening to and hearing what my mother participants had to say about their continuous caring work, demonstrates caring for and about clearly existed *prior* to, *during* and *after* the incarceration of their sons and it was evident how much of a toll it had taken on their mental health as we have seen above. But also, as identified by Tara-Beth. She said, while Mark was going through the CJS and then incarcerated, 'I felt like everything was closing in on me and felt like throwing it all up in the air. I don't like them [anti-depressants] but I think they have helped make me less anxious'. And Udele told me in detail about how her son had been in and out of trouble with the police from a young age, and that, along with his convictions and

incarceration, resulted in her reliance on anti-depressants and thoughts of taking her own life, as described here. 'I've been on anti-depressants for years now, for years. I have thought about it [suicide], but [pause] I talk to me friends. So, I'm on tablets. It does help, but I'm always tired'.

Sorcha, in a different way speaks about how she felt 'abused' during and after her sons' arrest for grooming young teenage girls. When talking about this, she became visibly upset, and we had to stop the interview at times. She told me

There's no worse feeling than watching him being taken out with handcuffs on and put in the dock, [starts crying]. In the court really, there was nobody there, just him and the solicitors. He admitted it from day one. So, they put him on remand and took him away again. I didn't get to see him, spend any time with him, and erm, I was crying, but I think I was trying to hold myself together really.

For some of the mothers, we are discussing emotional *and* tangential abuse. That of feelings associated with their son's insecurities, offences and experiences, as well as their own. However, the narratives do tell us something about the mothers resolve to fight for their sons, but sometimes at the cost of their own mental and physical health. They want to be heard, to be supported, to be informed: they want social justice, they want care. All the mothers give a *care-full* portrait of love that perhaps is unknowable, inconceivable even for the recipient of that care and love, and doubtless the mothers in my study show that mothering in certain circumstances can cause suffering.

The suffering, disquiet, reflection and depression talked about in these narratives' manifests in emotional and physical cruelty and systemic violence and is socio-politically based on care-

less and inhumane legal and moral positions. The incarcerated disabled adult is vulnerable and therefore unable to necessarily care for themselves. Nevertheless, the mother is also vulnerable at times during her maternal journey. Bureaucratic processes, in the instances above, and in particular how violence and abuse are managed in or by the CJS, cannot currently mitigate this suffering, indeed they are care-less, and it is a socio-political matter where education, health, social care, and the CJS are reconceptualised by, in this case recognising the family, and more often the mother/main carer, as an interdependent relation that necessitates care as part of broader care-full practice because maternal resilience is evident, but not enough.

Care-full-ness, resilience and survival are obvious in hearing excerpts from these mother's life-stories. However, once thoughts of survival (or not) in any immediate sense wane the issue of extended caring is considered. There are indeed practical care issues with extended caring, but the idea of the future and the emotional responses to 'what next?' are crucial in the caring narrative, particularly when caring for and about a son who is incarcerated. Living with an adult child's offences, and then considering what that future holds are critical in ethical caring and care-full spaces. Caring and care-full-ness ought to be privileged and positioned as not simply about the practical day-to-day aspects of caring (although these are important) but about how practical caring work and emotional work co-exist within the socio-political sphere.

Concluding remarks

Mothers in my research experience the challenges that come with dealing with a disabling condition vicariously through their sons as they move through *care-less* socio-political and practical spheres, for example, legal processes. They encounter violence or abuse (physically and/or emotionally) and experience 'secondary prisonization' (Comfort 2008) as their sons are

incarcerated. Navigating the CJS is a quagmire full of bureaucracy, barriers and inexplicable encounters. Based on what I have found, these personal experiences impact upon the mother's everyday life, including her mental and physical health.

By mapping the emotional, practical and socio-political caring spheres I identify care-less and care-full spaces and see that 'people need to be cared for and nurtured throughout their lives by other people, at times more urgently and more completely than at other times' (Kittay, 2005: 1). Furthermore, human beings, in this case mothers and their sons, are only autonomous if they are safe and in beneficial relations of care. Within a care ethics models of disability and in identifying care-full and care-less spaces, *routes to social justice* can be formulated and mapped onto policy and practices that are relevant to LD/AS, mental health and legal processes. Fundamentally, as Nel Noddings said nearly 25 years ago, '[i]f caring is to be maintained, clearly, the one - caring must be maintained' (Noddings, 1995: 26). This is certainly the case for the mothers in my research, as ethical caring is nuanced, and care-full mothering ought to involve everyone via relational and interdependent responsibility.

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